

87 Nepperhan Ave  
Room 212  
Yonkers, NY 10701

CITY OF YONKERS  
CONSUMER PROTECTION BUREAU  
GENERAL VENDOR LICENSE  
DAILY, SIX MONTHS OR ONE YEAR

Phone 914-377-6808  
Fax 914-377-6811  
[www.YonkersNY.gov](http://www.YonkersNY.gov)

APPLICATION REQUIREMENTS
Pursuant to the provisions of the City Code of Yonkers, All required documents must be submitted with the completed application. Missing items will result in the delay and/or denial of the application.
1. Application signed by the applicant before a Notary Public.
2. Six (6) Months or One (1) Year License requires two (2) Passport-sized Photos of applicant.
3. NYS Certificate of Authority card. To obtain, contact NYS Department of Taxation and Finance (518) 485-2889.
4. New York State-issued ID Card (driver's license or non-driver ID card).
5. Business Certificate, Partnership Certificate or Articles of Incorporation.



LICENSE FEES, EXPIRATION DATES AND TERMS
1. License Fees & Options  DAILY: \$50 per day; Expires following requested event/date. SIX (6) MONTHS: \$150; Expires Six Months following date of issuance. YEAR: \$300; Expires One Year following date of issuance. <b>LICENSE IS ONLY GRANTED FOR CITY OF YONKERS-SPONSORED AND/OR APPROVED EVENTS AND LOCATIONS.</b>
2. License Fee payable to the City of Yonkers and is Non-Refundable. <i>Certified Check OR Money Order .</i>
3. License is Non-Transferable. Only Applicant is permitted to utilize vendor license for the approved dates and events listed.
4. Vendor License must be displayed at all times while vending.
5. License is only permitted at City of Yonkers-approved Special Events and Promotions.

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**LICENSE TERM APPLYING FOR:**

☐ **DAILY** ☐ **SIX(6) MONTHS** ☐ **ONE YEAR**

Name: Social Security #:

Home Address:

City: State: Zip Code:

Phone/cell #: ( ) -

Date of Birth: / / Driver License State: #:

E-mail:

Type of Ownership: ☐ Individual ☐ Partnership ☐ LLC ☐ Corporation ☐ Other (explain)

Name of Company:

DBA/Trade or Display Name:

Business Address:

City: State: Zip Code:

Business Phone Number: Web address:

Your Title with Company:

Type of Items to be sold:

**DAILY LICENSE ONLY:**

Name of Event: Date of Event:

Location of Event:

I, \_\_\_\_\_, being duly sworn, deposes and says that all of the answers in the foregoing application are true and that the photographs attached hereto were taken within thirty (30) days of the date of this application. I give my consent for the agency to conduct a background check to confirm any/all information provided herein.

Sworn and subscribed to before me

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Applicant

Date

Notary Public

Mayor Mike Spano  
Director Kerry O'Brien Hess